FULL NAME OF CHILD TURCUSCS TRANCO WELLS Born YES  If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO  Sex of Twin, Triplet and in order of birth Date of Birth Day Yr.  Full FATHER  Name FATHER  Name Father  Residence  Residence  Age at last 2 2 Color  Color Age at last 2 2 Color  Residence  Residence  Residence  Residence  Residence  Residence  Color  Age at last 2 2 Color  Residence				
County of ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 12 Town of City of (No. St; Ward of Child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO Sex of Triplet or other and in order of birth matery Month Day Yr.  Full FATHER Name Laucises Held And Name Residence Residence Residence Residence Color Age at last 2 2 Color Age at last 2 Color Age at	PLACE OF BIRTH	ARIZONA ST	TATE BOARD	OF HEALT
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	CERTIF	ICATE OF ATTENDING PHYSIC	CIAN OR MIDWIFE* .	ac de
Thereby certify that I attended the birth of the above child; and that it occurred on	I hereby certify that I attended the !	birth of the above child; and that	it occurred on April	1919, at 5 1a. A
Signature stonard Wood MA	*When there is no attending ph	nysi-}		bood Mid
should make this return.  Attending physician midwife, householder.*	1 Al . 7 Mar.	At	tending physician, midwife	, householder.*
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